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Substitute for Form PTO-875										/7
COM, CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA			R EXTRA	RATE	FEE		RATE	F €E		
BASIC FEE (37 CFR 1.16(a))					\$	OR		<i>5</i>		
TOTAL CLAIMS (37 CFR 1.16(c))		10	minus 20 =	· 0)	x \$=		OR	x \$=/	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		2	minus 3 = • ()			x s=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
*If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED – PART II										
	(Column 1) (Column 2) (Column 3)				SMALL ENTITY		OR	OTHER SMALL	R THAN ENTITY	
NT A	71//612	CLAIMS REMAINING AFTER MENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))		Mings "	$\gamma(0)$	= /	x <u>\$</u> =		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))		ייי איייואלי		=/	x \$=		OR	x s	
	FIRST PRESENTATION	ON OF MULTIPLE	DEPENDENT (CLAIM (37 CF	R 1.16(d))	+ \$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)								_		
AMENDMENT B	ı	CLAIMS REMAINING AFTER MENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total * (37 CFR 1.16(c))		Minus **		=	x \$=		OR	x s=	
EN I	Independent * (37 CFR 1.16(b))		Minus ***		=	x \$=		OR	x s=	
AN	FIRST PRESENTATI	ON OF MULTIPLE	DEPENDENT	CLAIM (37 CF	R 1.16(d))	+ \$=		OR	+ \$=	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)			1		Τ
ENTC		CLAIMS REMAINING AFTER AMENDMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total * (37 CFR 1.16(c))		Minus **		=	x \$=		OR	x \$=	
AMENDMENT	Independent * (37 CFR 1.16(b))		Minus **	*	=	x \$=		OR	x \$=	<u> </u>
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 										

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. . Box 1450, Alexandria, VA 22313-1450.